

Exhibit D

Bureau of Prisons**Health Services****Clinical Encounter - Administrative Note**

Inmate Name:	FERNANDEZ, JUAN ALBERTO			Reg #:	66884-112
Date of Birth:	■■■■■1983	Sex:	M	Race:	WHITE
Note Date:	04/30/2020 10:55	Provider:	Scott, K. NP-C		
		Facility:	PHX		
		Unit:	P03		

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:**ADMINISTRATIVE NOTE 1 Provider: Scott, K. NP-C**

Unable to see inmate at this time due to institutional issues related to COVID pandemic.
Records reviewed. Will refill meds as appropriate and ensure f/u scheduled.

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
181101-PHX	amLODIPine 10 MG TAB	04/30/2020 10:55
	Prescriber Order: Take one tablet (10 MG) by mouth each day x 365 day(s)	
	Indication: Diabetes, type II with renal manifestations, Hypertension, Benign Essential, Chronic kidney disease, unspecified	
181102-PHX	Aspirin 81 MG EC Tab	04/30/2020 10:55
	Prescriber Order: Take one tablet by mouth each day x 365 day(s)	
	Indication: Diabetes mellitus, type II (adult-onset), Diabetes, type II with renal manifestations	
181103-PHX	Atorvastatin 20 MG TAB	04/30/2020 10:55
	Prescriber Order: Take one tablet (20 MG) by mouth each morning x 365 day(s)	
	Indication: Hyperlipidemia, unspecified	

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Scott, K. NP-C on 04/30/2020 10:58

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name:	FERNANDEZ, JUAN ALBERTO			Reg #:	66884-112
Date of Birth:	■■■■■1983	Sex:	M	Race:	WHITE
Encounter Date:	06/28/2020 11:26	Provider:	Weissinger, Wayne NP		
		Facility:	PHX		
		Unit:	P02		

Review Note - Follow up encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Weissinger, Wayne NP

Chief Complaint: NEPHROLOGY

Subjective: Received labs on inmate. He is known progressive CKD.

-CKD IV. Unfortunately his GFR is <15. Creat 6.1. He is now in the ESRD range. Fortunately, he continues to be free of uremic s/s.

No acute indications for HD at this time.

Continue to avoid potential nephrotoxic exposure.

Renal dose meds as appropriate for CKD IV.

Needs to be transferred ASAP to a medical center or institution capable of providing HD.

Will need to follow closely for s/s of uremia or other indications to start HD.

-Metabolic Bone Disease/hyperparathyroidism of CKD: Phos and Ca are reasonable and iPTH in Mar 2020 269. Currently on Vit D analog.

-Metabolic Acidosis: stable on oral NaBicarb.

-Electrolyte Abnormalities: HyperK well controlled since being off ACEi and 3x/week Kayexalate dosing. Other lyte stable.

-Not anemic at this point.

-Elevated WBC: Likely related to recent R lower ext cellulitis. Recently dosed with IM Rocephin and currently on Doxy. The erythema and pain has resolved.

-Proteinuria: Had to be taken off ACEi/ARB due to persistent hyperkalemia. P/C ratio 11.2 on Mar 2020 labs. Serum albumin is reflecting his protein spilling and likely contributing to his edema (nephrotic)

-DM II with poor control.

-TSH recheck is WNL.

-Needs referral to Vasc Surg for AVF consideration/placement. Unfortunately, this will likely not happen given current COVID related issues with surg and sub-spec referrals.

Pain: No

OBJECTIVE:

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/28/2020	11:53 PHX	14	Weissinger, Wayne NP

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3